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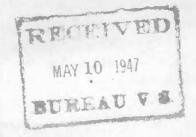
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
	State manyland county Somerset
City or town (If outside city or town limits, write RURAL and give nearest town)	21 - cass A
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
dohn 13/0023wor	7/2 214-12-6947
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male col widowed	20. DATE DE DEATH POR MY 7 W 1927 at 11 . 45Am
6.(b) Name of husband or wife Leve 13100dc weer 12	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
diseased 5.(c) If allve, give age years	4 Dril: 22 1947
T. Birth date of deceased (mo., day, yr.) Noo 7 1876	and that I last saw harmalive on 19.
8. AGE: Years Months Days If less than one day	Immediate cause of death
67 6 — hrsmin.	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Genebral Haemorrhage & days
9. Birthplace Sorral Set County, and state)	Due to
10. Usual occupation taken at mer a form taken	
	Due to
11. Industry or business Que Tar	21 200
= 12 Name Donnis Blooksworth	Other conditions Chromic my ocandits 600165
13. Birthplace Som erset County look.	(Include pregnancy within 3 months of death)
14. Maiden name Pachiel dones	
14. Maiden name Partiel Bones 15. Birthplace Somerset County rong.	Major findings of operations.
	Qate of op
16. Informant 15 a. n. r. y 1. 13 180 d & worth	Autopsy results
Address 2018 Nl. Grata St. Phila, Pas.	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial or removal. Wirght) Date thereof 5/16/47 (Month) (ody) (year)	
(Burini, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory St. Paul Cemetery	Where did injury occur?
Location Mt. Vernan, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Edwin Sones	Means of Injury Injured at work?
7	8 0 m
Address Koyte # 2 - Prige 95 April 100	OS SIGNATURE CROPE d. Mars man
1 3/9 147 K. N. tohnson M	M. D. or other
19. (Date rec'd by registrar) 3d. Registrar	Address 1 noess Amne mik Date signed 3. 4. 3)



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No. ..

CERTIFICATE OF DEATH

A STATE OF THE STA	**
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town Arion Station	State Maryland County Souther.
(If batsida city or town limits, write RURAL and give nearest town)	City or town M. arrow Statuor
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
Jobert M. Davis	3. (b) Social Security Number 218-24-4841
4. Sex 5. Color or race b.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
not fol whome,	20. DATE OF DEAT May 12 1944, 21
6.(6) Name of husband or wife Carrier of The ave	21. I CEPULFY that death occurred on he day above stated: that I a ended deceased from
	The state of the s
7. Birth date of deceased (mg/, daggr.) 75	Immediate cause of seath Duration
8. AGE: Months Days If less than one day	sed suddenly
min.	40 0
9. Birthplace (Town, county, and state)	Due to Oo OO OO OO
1D. Usual occupation. A above	Due to.
11. Industry or posiness	William H. C.
12. Name Trans Duris - 13. Birthplace May land	Dither conditions DEPLITY MEDICAL M. D.
	(Include pregnancy within Exsert death)
14. Maiden modrisunto Officatte 15. Bighplace Manyloud	Major findings of operations.
	Date of op.
16. Intermed arrive A. Jetchett	Autopsy results
Address dingston 17	22. VIOLENCE: If death was due to external causes will in the Collowing;
Bate thereot. (morth) (day) (year)	Accident, suicid hobicidal conso
Cemetery or crematory Met Veer Cefety	Where did injury occur? (City or town) (County) (State)
Location Than Do The	Injured at home, tarm, industry, public place (where?)
18. Funeral director _ Jelo M Jely Lancon	Means of Injury Injured al work?
Address Thank that med	Mrser o o restrict
3/15 47 Gra milson	23. fighature M. Danghipr
(Dute pec'd by registrar) Registrar	Address



(State)

MAY 22 1947

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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ce for the addition of MAI	CYLAND STATE DEPAR 2411 N. Charles St.	, Baltimore 69	2 (-
HLM 110. G 1 10 111 10 1947	CERTIFICATE	OF DEATH	Reg. Dist. No.
7/4 3011 11/1747 /	2	USUAL RESIDENCE (HOME	OF DECEASED.
1. PLACE OF DEATHS OWERSTA	2.	(For newborn infants give residence	
11300000	Sta	ie Mid	County Somersel
(If outside city or town limits, write WORAL	and give nearest town)	or town Wenous	
How long In above place of death?		(If outside city or town I	imits, write RURAL and give nearest to
Hospital, tostitution, or street address where death occurred:	Str	eet No. Rural	
			give LOCATION)
How long in hospital or institution?	7	(2) IT veteran, name war	
3. (a) FULL NAME Blace	he toy	ce in	3. (b) Social Security Numbe
4. Sex 5. Color or race 6.(a) Single, marrie	d, widowed, or divorced	MEDICAL	CEPTIFICATION
trend Week We	deretel "	DATE OF DEATH May 2	19.47, 21
	41	-	e above stajed; that I ettended deceased from
6.(b) Name of husband or wife	e version 31.	A de l	19 46 10 may 15
	e, give ageyears	that I last saw h	hear 100
7. Birth date of deceased (modern) Obtacce	K-60 1817	mediate cause of death Cheus	rading
8. AGE: Years Months Days If i	ess than one day	Gutter	2
68.	hrs min.		
Winowa	Out	10	
9. Birthplace	7		
10. Usual occupation	الم	10	
11. Industry or business	,		
	Olista 11th	er conditions Pullagra	,
12. Name 13. Birthplace USupro		0 0	
		(Include pregnancy with	in 3 months of death)
14. Malden name User S 15. Birthplace User S	Ma Ma	jor fiedings of operations	
E 15. Birthplace	- Mes		Date of op
16. Informant / Beulote Va	Kusou 10	topsy results	
Address WELLONG	PH	YSICIAN: Please underline the cause	to which death should be charged statistic
Burial M	22.	VIOLENCE: If death was due to extern	al causes, fill in the following;
(Burial, cremation, or removal Whigh)	Mind Change (Acres)	ldent, suicide, or homicide	
Cemetery or crematory A Oauls	Wh Wh	ere did injury occur?(City or to	wn) (County) (State
115 4 044 0			e (where?)
Location 6 4 1 1 3	7	ans of injury	Injured at work?
18. Funeral director	We -		
Address Weal Islan	- Hed	Fin B	malus In
mange us Nima	1/10/alt 23.	SIGNATURE	M. D. or other
19. 1 W 27 - 19 C W D D D	Registrar 4-6	ress Princes	Date signed 5

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JUN 4 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

940

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants givyresidenge of mother)
City or fown. (If outside city or town limits, write RURAL and give horrest town)	State Marylosh county Sucreet
	City or town Pr. anne mae
How long in above place of death?	(If outside city or town limits, write RUNAL and give nearest town)
nuspiial, institution, of Street audiess where death general	Street No
How tong in hospitat or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lerone I ma	none
4. Sex 5. Color fr race (S(a) Single (harried, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH May 2 Joh 1947 21/1
6.(b) Name of husband or wife Sadie Land	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(c) If alive, give age	19
7. 8irth date of 0 0 2 100 %	and that I last saw haliye on
8. AGE: Years Months Days It less than one day	Immediair cause of death to a tray Construction
8. AUL.	No.
60 hrsmr	- Jakon Vetron
9. Birthplace	La May to
KAN	
	Due to
11. Industry or business	
12. Name Santa Jong Til. 13. Birthplace Pr. anne Til.	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
# 14. Maiden name Mory Chr.	Major findings of operations.
14. Maiden name Propose Propos	major nucleus of operations. Date of op.
M. Pali T	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address VS. Clyne MA	22, VIOLENCE: If death was due to external causes, fill in the following;
(Burial cremation or removal, Which?)	Accident, suicide, or homicide
1+ 1) drawe Clauster	
Cemetery or crematory	Where did injury occur?
Location Downe 120.	Injured at home, farm, industry, public place (where?)
18. Funeral director Dale Dasfiell	Means of injury injured at work?
P. A. had A	
Address 1. Ching 150	227 SIGNATURE M. D. or other
m 11 41 1 1 1	M. D. of other

MAY 27 1947 BUREAU V &

.MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 245

1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Maryland Somerset
City or town	Crisfield
How lone in above place of death? Lifetime	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Paper Street
Paper St.	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Larrie Eugene Maddon 4 Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Male Colored Single	20. DATE OF DEATH Mag 2 5 19 47 29 -
1111	21. I CERTIFY that death occurred on the date shore stated; that I aftended deceased from
6.(b) Name of husband or wife	12 1
7. Birth date of 10.0 mg 10.0	and that I last saw h. Loan alive on
7. Birth date of deceased (mo., day, yr.) March 3, 1947	
8. AGE: Years Months Days If less than one day	Immediate cause of death
No 2 22	min 3
9. Birthplace	Tues of menus to unknown (15/4) alec
None	Type of menuglis the same (Moto) acces
1D. Usual occupation.	Due to
11. Industry or business None	
E 12. Name Raymond Maddox	Dther conditions
Raymond Maddox 12. Name Raymond Maddox Crisfield, Md.	
# Hallie B Cole	(Include pregnancy within 3 months of death)
T 14. maiden name.	Major findings of operations.
E 15. Birthplace Crisfield, Md.	Date of op.
16. Informant Hallie Maddox	Antopsy results
Address Crisfield, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial May 26, 19 (Burial cremation, or removal. Which?) (month) (day) (yes	ar) Accident, suicide, or homicide
St. Peters Cemetery	Where did Injury occur? (City or town) (County) (State)
Rural, Pocomoke, Md.	
Rural, Focomoke, Md	Injured of home, farm, Industry, public place (where?)
LUCATION	
H Harrey Bradchaw	Means of Injury Injured at work?
18. Funeral director. H. Harvey Bradshaw	
H Harvey Bradchaw	20 SIGNATURE Se make me Peng teru w. I

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

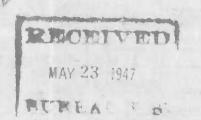
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04342

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DE	Some	rset		(For newborn infants give residence o	of mother)	
County	C'mie	field		state Maryland c	ouety Somerset	***************************************
(If	outside city or town	imits, write R	URAL and give nearest town)	Crisfie Crisfie	eld its, write RURAL and give near	
How long in above place	e of death 50 yer street address where	death occurre	4.	Street No	its, write RURAL and give hear	rest town)
mospital, institution, o	Peac	h Stre	et	Street No	ve LOCATION)	
How long in hospital o	or Institution?		***************************************	2.(a) If veteran, name war		*******
3. (a) FULL NAM	IE .				3. (b) Social Security 1	Number
	Elno	ra Mat	thews		None	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	CERTIFICATION	_ 4
Female	White	W	idowed	20. DATE DE DEATH May 1	19.47	300A
6.(b) Name of hueband	Rola:	nd Mat	thews	21. J CERTIFY that death occurred on the date e	bove etated; that I attended decea	need from
		6.6	c) If alive, give ageyears	Jam 1	9.46 , 16 May	19.7
7. Birth date of	Cont		15, 1875	and that I last eaw har alive on	pul 3 u	
R AGF Yea	1	Days	If lese than one day	Immediate cause of death		DURATION
o. Roz.	1 8	16	hrs min.	and Die	Burk	
			merset-Md.	Due Class Myres	elo	***************************************
9. Birthplace	(Town	. county, and		Clare On my		
10. Usual occupation	Housewi	fe)	
11. Industry or busine				Que to	lules	
	Charlie	Mille	er	Other conditions		
12. Name	Shellto	wn. Mo				
	Finone			(Include pregnancy within	3 months of death)	
14. Maiden name	?		***************************************	Major findings of operations	***************************************	
≥ 15. Birthplace			-100		Date of op	
16. Informant	Mrs. Sa			Actopsy results	which doub should be charged	atatistica Ny
Address	Crisfie	ld, Mo	i			The state of the s
17	Burial	Date the	May 4, 1947 (month) (dsy) (year)	22. VIOLENCE: If death was due to external o		
(Burial, crematic	on, or removal. Which			Accident, suicide, or homicide		***************************************
Cemetery or crema			Cemetery	Where did injury occur?(City or town		(State)
Location	Hopewel	l, Cri	sfield, Md.	Injured at home, farm, Industry, public place		0.0000000000000000000000000000000000000
18. Funeral director.	H. Harv	ey Bra	adshaw	Meane of Injury	Injured at work?	
Address	Crisfie	ld Mo	1.	2	Cullin m	2
		1	0.00	23. SIGNATURE Surge	M. D.	or other
19. (Date registry	2/ registrar)	7	Registrar	Address suren sto	Date signed.	may 2.47
(Date rec alby	-B-marman		V			



VS A15

MARYLAND	STATE	DEPA	RTMENT	OF	HEALT

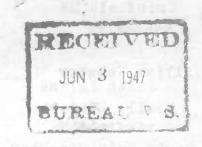
2411 N. Charles St., Baltimore

940

04343

CERTIFICATE OF DEATH

1 DIACE OF DEAT	ти			2 Hellal Decidence (LIORAE)	OF DECEASED.	
1. PLACE OF DEA	Somer	set		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	Crisi	ield		Siate Maryland c	Somerset	***************************************
(If our	tside city or town	limits, write F	URAL and give nearest town)	Crisfield		
How tong in above place o	t death?		***************************************	118 2nd St	its, write RURAL and give ne	arest town)
Hospit Mestilution ad	y Men.	TOSPI	al	Streel No.	ve LOCATION)	***************************************
How long in hospital or l	nstitullon?		•••••••••••••••••••••••••••••••••••••••	2.(a) If veteran, name war		
3. (a) FULL NAME		Marth	a J. Milbourne		3. (b) Social Security	Number
Female	5. Color or race White	6.(a)Singi Mar	e, married, widowed, or divorced	MEDICAL (20. DATE DF DEATH May 22	CERTIFICATION	at 1:00 Å
		6.(Milbourne c) It alive, give ageyears	21. I CERTIFY that death occurred on the date a	9.7. 7. 10.	
	Mooths	Days	It less than one day	Immediate cause of death		DURATION
8. AGE: Years	5	22	hrs. min.	and negocon	Lilfaline	Hlasa
C C	risfiel	a.Ma		Bue to Correct oca	Line	42)
9. Birthplace	lousewif	county, and	etste)	300 10		10114
10. Usual occupation			***************************************	Due to)} a parterain		Eyrs
11. Industry or business				7)	***************************************	Y
12. Name W111 13. Birthplace	iam Kel Smith	ster Islan	restt	Dther conditions		
14. Maiden name	Sally E		twebster	(Include pregnancy within a		
≥ 15. Birthplace					Date of op	
16. Informant 118	is Rudy		nter) sfield,Md.	Antapsy results		statistically.
Address Buria 17. (Burlal, cremation, c		. Date then	May 25,1947	22. VIOLENCE: It death was due to external c		
Cemetery or crematory	()	Name	(moster) (day) (year)	Whers did Injury occur?(City or town	(County)	(CA-A-)
Cri	sfield,	Ma.	X	Injured at home, farm, Industry, public place		(State)
Location	***************************************		() () () () () () () () () ()	Misans of Injury	Injured at work?	
18. Funeral director) .	Q
Address 306	main St	. Cri	sfield,Md,	23. SIGNATURE S	ay tou m	. J
19	19.47	Ja	mico & Spires	Address Cindal	M. D. Date signed	or other



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TOLC. OLUMNSTE.

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PLEASE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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21	1	-

04344

CERTIFICATE OF DEATH

Reg. Diat. No. 265

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county	
City or town (If outside city or town lignits, write RURAL and give nearest town)	State Manyland County Samura
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, institution, or street address where death occurred:	Street No. R 15 40.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war None
3.(a) FULL NAME	3. (b) Social Security Number
of Marcha & Mac	
	EL
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Widows	20, DATE DF DEATH TO SEE 9 19 HT at M
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	march 22 1947 10 may 9 19 47
6.(c) If alive, give ageyears	and that I last saw h M. alive on murch 2/2 19 47
1. Birth date of deceased (mo., day, yr.) We cerubar H. 1882	and that I last saw h. A.C. alive on
	Immediate cause of death acute described
o. Ade.	of heart
63 6 5hrsmin.	
Co. co was	me to abdominal tumore ?
9. Birthplace (Town, county, und state)	entire left lower quadrant area - malignating unlesson
1D. Usual occupation.	
	Que to Ascites = Z
11. Industry or business	
= 12. Name Starry la Blades	Diher conditions Lumar left mannan
12. Name Starry la Beadea	Glass of = malignant? - demo?
2 13. Birthplace	(Include pregnancy within 3 months of death)
= 14. Maiden name When with a legal Culled	Major findings of operations. (711% 14.7. asken)
14. Maiden name. Wester C., Culless. 15. Birthplace md.	
	Oate of op.
16. Informant Mus Raeses Creeker	Autopsy results
Address Cruptured mod	PHYStCIAN: Please underline the cause to which death should he charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
(Buriat, cremation, or removal. which:) (month) (day) (year)	
Cemetery or crematory.	Where did injury occur?
Location Charles C me	Injured at home, farm, Industry, public place (where?)
18. Funeral director Alas ecos do to Connections	Msens of Injury Injured at work?
Address Parallace of mal)	Com a Re D Taget
Address besteld me	23. SIGNATURE Carence D. Lawley M.
19. May 12 1047 Janie & Spires (Date rec'y) y registrar) Registrar	Address Cripfield, Md. Date signed 5-12-47
(Date rec 9 by registrar) / Registrar	Address Date signed



correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

WHITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04345

CERTIFICATE OF DEATH

eg, Dist. No. 260

County				City or town Upper Fairmount City or town Upper Fairmount City or town Hall's Creek Road Street No. Hall's Creek Road			***************************************
	Ru	ral, H	Pairmount	Street No. (If r	ural, give I	LOCATION)	
How long in hospital or	institution?//,	<i>ff</i>		2.(a) If veteran, name war		•••••	
3. (a) FULL NAME		llie E	ster Parks			3. (b) Social Security None	Yumber
4. Sex	5. Color or race	6.(a)Single.	married, widowed, or divorced	MEDIC	CAL CE	RTIFICATION	
Female	White	Sin	igle	20. DATE OF DEATH MOSE	19	19.47	7:000
6.(b) Name of husband of husband of husband of deceased (mo., day, yr	Dogo	_	If allve, give ageyears	21. I CERTIFY that death occurred in the	he date ebove 19.4	e stated; that I attended decea	sed from
8. AGE: Years	Months	Days	If less than one day	Immediais cause of death			DURATION
64	5	19	hrs min.				
9. Birthplace 1D. Usual occupation 11. Industry or business	Domesti	county, and at		Due to.			Milae
	Thomas	J. Par	ks		2	0.010	Dela.
12. Name	Fairmou	nt. Md		Dther conditions			The state of the s
E	Emily C	-		(Include pregnancy			
14. Maiden name 15. Birthplace	Virginia			Major findings of operations			
	Thomas		ks. Jr.				
16. Informant	Fairmou			Actopsy results. PHYSICIAN: Please underline the ca			tatistically.
17(Burial, cremation,		Date thereo	(month) (day) (year) netery	22. VIOLENCE: If death was due to e Accident, suicide, or homicide Where did injury occur?	or town)	(County)	(State)
				Injured at home, farm, Industry, public Meens of Injury	place (whe	Injured at work?	********************
18. Funeral director				Po	-	7 0 4 6	
19. Syo	Crisfie	1	Harry M. D. G. Begistrar	23. SIGNATURE	. <i>()</i>	M. D.	OZGE, SOOK



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

RESERVED FOR BINDING

MARGIN

CERTIFICATE OF DEATH

Reg. Diat. No. 260

92d

	5/	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County City or town Anna Class Anna M. d.	State MA County Somusel	
(If outside city or town limits, write RURAL and give nearest town)	City or town Printers anne mad)
How long in above place of death? O	(If outside city or town limits, write RURAL and give nearest town))
-ra-	Street No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
John Tolk	·no	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male a.a. married	20. DATE OF DEATH 10 ay 154 1847 110	394
5.(b) Name of husband or wife fasmi falk	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	/
6.(c) It alive, give age 20 years	may 5 18.47 to may 12 1	947
7. Birth date of	and that I last saw h alive on	9.47
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death	RATION
8-1min.	Capal a l'othing cie	45
DII. md	Unite i miasis	
9. Birthplace(Town, county, and state)	Due to	
10. Usual occupation of annual	Due to.	
11. industry or business same as above	Due 10-	************
12. Name Marsis Palle 13. Birthplace allen mad	Other conditions Chromic Calvular 6m	1/1/2
13. Birthplace allen and	discase of Haat t	
= 14. Maiden name Nasmu King	(Include pregnancy within 8 months of death)	
14. Malden name Namu King 15. Birthplace a Plen and I.	Major findings of operations.	
milt. Pall	Date of op.	
18. Information of Alle	Autopsy results	y.
Address Salialury Md	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or pomoval, Which?) (Burial, cremation, or pomoval, Which?) (Burial, cremation, or pomoval, Which?)	Accident, suicide, or homicide	
Cemetery or crematory M ruendship	Where did injury occur?	
Olli and	(City or town) (County) (State)	
Location William The	Maens of Injury Injured at work?	
18. Funeral director denue of Mulan	6 0 m	
Address Salisbury Mit	100 COUNTY (SORIE J. Javessma	~
may 16 47 R. H. Johnson	M. D. or other	
(Date rec'croy registrar)	Address Tuncess Amne Made signed D. 16	2.4

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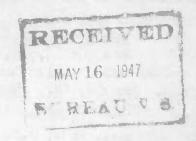
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

CERTIFICATE OF DEATH

I. PLACE OF DEATH: County - Some Fee to the co	CERTII	Reg, Diat, No.
County Somerset Microsine Covers Somerset Covers Microsine Co		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City of town. STATES. STATE STATES. THE CONTROL OF THE STATES. Row long in above place of death. Princess. Anne. Jeanyland. R.D. #2 Street No. Re. D. #2 Princess. Anne. Maryland. (If veral, give LOCATION) Street No. Re. D. #2 Princess. Anne. Maryland. (If veral, give LOCATION) 3. (a) FULL NAME FULL NAME FULL NAME FULL NAME FULL NAME FULL NAME FORGA ANNA RENSHAW 3. (b) Social Security Number Rensel 6. (b) Street No. Re. D. #2 10. Date of DEATH 10		ell. Maryland county Somerset
Now long in abuse piace of feath? 9 Years Hospital institutions or street address where death occurred: Princess Anne, Maryland, R.D. #2 1. Object of the continuous of the	City or town	own)
Respital institution, or street address where death occurred: Princess Anne, Maryland Princess Anne, Maryland R. D. #2 Row long in hospital or institution.	How long in above place of death? 9 years	City or town
Ry long in hospital or institution? 3. (a) FULL NAME FLORA ANNA RENSHAW 4. Sex 5. Color or race FLORA ANNA RENSHAW 4. Sex 5. Color or race 6. (a) Single, married, widowed, or disorced ingle 8. (b) Hame of husband or wife. 7. Birth date of deceased (mo., day, m.) 8. ACE: 8. (c) If alire, give age 7. Birth date of deceased (mo., day, m.) 90 10 23 11. Institute of deceased (mo., day, m.) 12. Institute of deceased (mo., day, m.) 13. Institute of deceased (mo., day, m.) 14. Very many confidence and the properties of death of the deceased of deceased (mo., day, m.) 15. Birthplace 16. Institute of deceased (mo., day, m.) 17. Birthplace 18. Institute of deceased (mo., day, m.) 18. Institute of deceased (mo., day, m.) 19. Institute of deceased (mo., day, m.)	Hospital, Institution, or street address where death occurred:	Street No. R. D. #2 Princess Anne. Maryland
3. (a) FULL NAME FLORA ANNA RENSHAW 1. Set S. Color or race S. Color of race S.	Princess Anne, Maryland, R.D. #2	(If rural, give LOCATION)
3. (a) FULL NAME FLORA ANNA RENSHAW 1. Set S. Color or race S. Color of race S.	How long in hospital or Institution?	2.(a) If veteran, name war
FLORA ANNA RENSHAW 4. Set		3. (b) Social Security Number
Pemale white ingle 5.(6) Hame of husband or wife		
5.(c) Name of husband or wife 5.(c) Halire, give age 7. Birth date of deceased (mo. day, yr.) 8. AGE: tears Months Days Hies than one day 10 23 hrs. min. 9. Birthplace Mary Vernor Maryland Major fieldings of operations. Maryland Major fieldings of operations. Maryland Major fieldings of operations. Major fieldings of operat	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorce	ed MEDICAL CERTIFICATION
5.(c) Name of husband or wife 5.(c) Halire, give age 7. Birth date of deceased (mo. day, yr.) 8. AGE: tears Months Days Hies than one day 10 23 hrs. min. 9. Birthplace Mary Vernor Maryland Major fieldings of operations. Maryland Major fieldings of operations. Maryland Major fieldings of operations. Major fieldings of operat	White Winds	47 . 5:30Å
5.(c) Name of husband or wife 5.(c) It alive, give age 7. Birth date of deceased (mo. day, yr.) 8. AGE: tears Months Days Hiers than one day 10 23 hrs. min. 9. Birthplace Mary Vernor Somerset Naryland Major findings of operations. Maryland Major findings of operations. Maryland Major findings of operations. M	Female	2D. DATE OF DEATH
Second content of the conditions Second content	S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
1. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 90 10 23 hrs. min 9. Birthplace. Mt. Vernous county and error, Maryland 10. Usual occupation. At. Home 11. Industry or business 12. Name. George T. Renshaw 13. Birthplace Somerset Co., Maryland 14. Maiden name. Anna Statia Barbon 15. Birthplace Somerset Co., Maryland 16. Informant. William B. Renshaw 17. Autupsy results. 18. Birthplace Somerset Co., Maryland 19. Birthplace Somerset Co., Marylan	S.(c) If alive, give age	Magre
8. AGE: Years 90 10 23 Itles man one may 9. Birthplace	7. Birth date of	and that I last saw halive an
90 10 23 hrs. min 9. Birthplace		Immediair cause uf death
9. Birthplace	8. AGE: 90 10 23	
10. Usual occupation	30 10 20hrs	min. Chrome phylis
10. Usual occupation	9 Richalare Mt. Vannan Someone Marris	a Oue to
11. Industry or business 12. Name George T. Renshaw 13. Birthplace Somerset Co., Maryland 14. Maiden name Anna Statia Barbon 15. Birthplace Somerset Co., Maryland 16. Informani William B. Renshaw Address Princess Anne R.D. #2 17. Burial (Burial, erematory, Grace Episcopal Cemetery (month) (day) (year) Cemetery or crematory, Grace Episcopal Cemetery (City or town) 18. Funeral director. The Hill & Johnson Co. Address Salisbury, Maryland 18. Signature Maryland 19. Dorothep		
Diher conditions 12. Name George T. Renshaw 13. Birthplace Somerset Co., Maryland 14. Maiden name Anna Statia Barbon 15. Birthplace Somerset Co., Maryland 16. Informani William 3. Renshaw Address Princess Anne, R.D. #2 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Grace Episcopal Cemetery Localion Mt., Vernon, Maryland 18. Funeral director The Hill & Johnson Co. Address Salisbury, Maryland Diher conditions (Include pregnancy within 3 months of death) Major findings of operations Major findings of operations Autupsy results PHYSICIAN: Please underline the cause tu which death should be charged statistically. Accident, sulcide, or homicide according for the conditions (City or town) (County) (Spated) Injured al home, farm, industry, public place (where?) Injured at work? Manyland My D, or others	10. Usual occupationA.t., Home	Oue to
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14. Maiden name		
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15. Birthplace Somerset Co., Maryland 16. Informant William B. Renshaw Address Princess Anne, R.D. #2 17. Burial Cremation, or removal. Which?) Cemetery or crematory Grace Episcopal Cemetery Localion Mt., Vernon, Maryland Address Salisbury Maryland Address Salisbury Maryland M. D. or other	置 14. Malden nameAnna Statia Barbon	Major findings of operations
Address Princess anne R.D. #2 17. Burial Date thereof (day) (year) Cemetery or crematory. Grace Episcopal Cemetery Localion Mt. Vernon, Mary Land Address Salisbury. Maryland Autuppy results. PHYSICIAN: Please underline the cause tu which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide accordinated fall Date of Apr. 12 47 Where did Injury occur? (City or town) (County) (States) Injured at work? Meens of Injury Injured at work?	2 15. Birthplace Somerset Co., Maryland	
Address Princess Anne R.D. #2 17. Burial Date thereot (Gay) (year) Cemetery or crematory. Grace Episcopal Cemetery. Localion Mt. Vernon, Mary land Address Salisbury. Maryland Address Salisbury. Maryland M. D. or other	William 3. Renshaw	Animay results.
Date thereof. Date of Date		PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Date thereof Clay (year)	Address Princess Anne, R.D. #2	22. VIOLENCE: If death was due to external causes, fill in the following;
Cemetery or crematory Grace Episcopal Gemetery Localion Mt. Vernon, Mary land Injury occur? (City or town) (County) (Spate) Injured at work? Meens of Injury My D, or other	17 Burial Cate thereof 5/16/47	Accident suicide or homicide accidental Gall Date of apr. 13 4/
Localion Mt. Vernon, Mary land Injured al home, farm, industry, public place (where?) 18. Funeral director The Hill & Johnson Co. Address Salisbury Maryland M. D. or other		Where did Injury occur? at her home
18. Funeral director. The Hill & Johnson Co. Address Salisbury, Maryland M. D. or other	Cemetery or crematory Grace Episcopal Gene Lery	(City or town) (County) (State)
18. Funeral director. The Hill & Johnson Co. Address Salisbury, Maryland M. D. or other	Location Mt. Vernon Lam land	tnjured al home, farm, Industry, public place (where?)
Address Salisbury, Maryland JA SIGNATURE M. D. or other		
M. D. or other	0.1	08: 1
M. D. of other	Address Salisbury, Maryland	CS SIGNATURE THRUSH
(Date recip by registrar) (Date recip by registrar) Registrar Address Linear Man Oale signed Address Addre	May 14 .47 K. XI. tohne	m. D. or other
	(Date record by registrar)	Registrar Address Deffection Line Tras Dale signed V



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

04348

1. PLACE OP DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infarts give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Henry Slade	3. (b) Social Security Number
4. Sex M. 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19.4.7.21. 19.30 N
6.(b) Name of the wife wife 6.(c) Hallve, give age 5.7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Cutagus 22, 1896 8. AGE: Years Months Days If less than one day hrs. m	
9. Birthplace Janes (Town, county, and state)	Due to
11. Industry or business 12. Name Some Stade 13. Birthplace Yourcewille . CV. C:	Due to
E 14. Malden nad Dicey Blackwell	(Include pregnancy within 3 months of death) Major fiediogs of operations.
16. Informant	Actorsy results
17 (Burial, cremation, or removal, Which?) Cemetery or crematory Samuel Steel M. C. Chief	22. VIOLENCE: If death was due to external causes, till in the tollowing: Acident, suicide, or homicide
Location Manaking Mail Started 18. Funeral director Charles H: Ward	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Marian Standard.	23. SIGNATURE Frank heaters M. D. or pther
19. (Date rye'd by registrar) 197. (Registr	Address Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

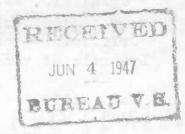
2411 N. Charles St., Baltimore

04349

CERTIFICATE OF DEATH

Reg. Diat. No. 265

1. PLACE OF DE			2. USUAL RESID	ENCE (HOM	IE) OF DE	CEASED:
			Siate	Md	County	Somerset
City or town(1f	outside city or town li	mits, write RURAL and give nearest town)	****	Criati	674	
How long in above place	e of death?L1.	ce.	City or town(If	ontaide eity or tow	n limits write	e RURAL and give nearest town)
	r street address where		Street No	Pine S	t.	
***************************************				(If rurs	al, give LOCA	TION)
How long In hospital o	or Institution?		2.(a) If veleran, name	: war]	none	
3. (a) FULL NAM	E M:	ilton F. Stevenson			3.	(b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced		MEDICA	L CERT	IFICATION /30
male	white	married	20. DATE OF DEATH	May 16,	,1947	69
	Ting	V V.	21 1 PRTIFY Wat de		date about stat	eg: that I attended deceased from
6.(b) Name of husband	or wife Luc;	23.00	Nue	Ja Di	- Cer-	Jenny - 1/42
7. Birth date of			ears and thethingsauth	150	u R	of Durente
deceased (mo., day,		ber 15,1882	Immediair cause of	O L	H I'A'	OURATION
8. AGE: Year	s Monihs	Days If less than one day	Immediate Chuse of C			- Contains
64	5	1hrs.	min.			
	Antag	ield, Md.		714.04	4 60	al LIGHTON
9. Birthplace	(Town,	county, and state)	Due to		7	
40 Harri conneller	Engr. W	county, and state)	100		UNI	
10. Usual occupation.	Crisfi	ald Water Dept.	Dud NAC	mine_		7-0-0-0
11. Industry or busines	SS	s Stevenson	- · · · · · · · · · · · · · · · · · · ·		9	5000
12. Name		9 Decretable	Diher condition	سحمد	<u>^</u>	second
	Md.			tude pregnancy wi		
14. Maiden name.	Mary M	ills				of death)
E 14. maiden maine.	Md.		Major fiedings of op-	eratioos		
≥ 15. Birthplace	T no W	. Stevenson				Date of op
16. Informant			Aotopsy results	uor		
Address	Crisf	ield, Md.				eath should be charged statistically.
Buri	81	Мау 20,1947	22. VIOLENCE: If de	eath was due to exte	rna l couses , fi	il in the followit:
	n, or removal. Which?		Accident, suicide, or i	homicid	TEN P	Date X June 0
		Ridge	Where did injury occu	ur?	Pitrey	Coulbourn, M. D. MEDICAL EXAMINER
	Cristia'	ia Ma.		(City of	town Y	EDICAL BY
Location	OTTBILE.	La , Maria	Injured at home, farm	, Industry, public	GROALE)	SET COUNTRINER
1B. Funeral director	aubbard	& Covington	Means of Injury	. ^		MEDICAL EXAMINER
ID. Tuncial director	Crisfiel	d. Ma	V	M		2.41
Address		0	2 SIGNATURE	21,0	7877	a Dames and a
10 Verse	2 1047	Janice 6. Sain	2	1	· W	M. D. or other
(Date rec'd by re	egistrar)	Regis	trar Add A	Le la la	1 V	U Dat May 1/11



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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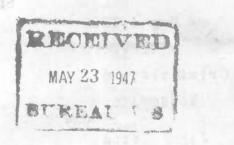
A HOUSE DECIDENCE (TICARES) OF DECEASED

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CERTIFICATE OF DEATH

Reg. Dist. No. 261

County		t	(For newborn infants give residence of a	mother)
1		field mits, write RURAL and give nearest town)	State Md Cour	+9+1 AM
		death occurred:	City or town	, write RURAL and give nearest town)
		1 week	Street No	LOCATION)
3. (a) FULL NAM	E	ry Virginia Swift	2-(u) si reteran, name war	3. (b) Social Security Number
4. Sex	1 5. Cojor or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	219-14-4346 ERTIFICATION
Female	White	Married		47 19 21 9 A
6.(b) Name of husband 7. Birth date of deceased (mo., day,)	350	er S	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from
8. AGE: Years		Days If less than one day 12		Hud
	Crisfiel		Due to Classe Type	is 2 years
10. Usual occupation	Aouse	Wife Home	Due to	
11. Industry or busines H 12. Name	John	Betts	Diher conditions games ?	12 mt 10 day
		isbury, Md. A. Bethard isbury, Md.	(Include pregnancy within 8 m	- 77 by my 14 4.
16. Intermant	Winte	r S. Swift	Autopsy results	
17. Bur (Burial, cremation	ial , or removal, Which? Sunny	Station, Md. Date thereof 5/18/47 (month) (day) (year) Ridge	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide Where did injury occur?	Date of
Location	Crisfiel Hubbard	d, Md. & Covington Funeral	tnjured at home, farm, industry, public place (wi	
Address		ld, Md.	23. SIGNALUNE.	Kullhun Zi D
19. (Date roc'd by re	gistrar)	Registrar	Address Musers Oto 7	220 Date signed Many 17,4



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MARYLAND STATE DEPARTMENT OF HEALTH

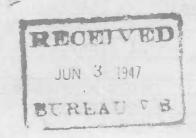
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 265

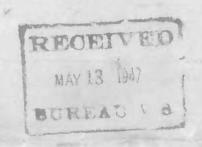
I. PLACE OF DEA	Some	rset		2. USUAL RESIDENCE (HOMI	E) OF DECE	ASED:	
County			rion Station	state Maryland		Somerset	;
City or town(If ou	tside city or town lin	nits, write R	rion Station URAL and give nearest town)	City or town. Rural, M	arion	Station.	Md.
How long in above place o	f death? O yes	irs		(If outside city or town	limits, write R	URAL and give nea	rest town)
Hospital, Institution, or s	Rural	. Ma.	rion Station	Street No. Rural, n	ear Hu	dson Cor	ner
How long in hospital or I	////			111	give LOCATI	ON)	
3. (a) FULL NAME	#3 ((19 (10 # 2\$\$\$		***************************************	2.(a) If veteran, name war	44		***************************************
J. (a) I OLL NAML	16373		oo M.33		3. (6)	None	Number
4. Sex	5. Color or race		na Tull		0000000		
Female	White		idowed		L CERTIF		nur A
<u>temare</u>		,		20. DATE OF DEATH.	25	19.47	, 21 -4 . /S
6.(b) Name of husband or	wife Lewis	Tul	<u> </u>	21. I CERTIFY that death occurred on the da		Start Control	
	Decea	ased,	e) If alive, give ageyears	July			
7. Birth date of deceased (mo., day, yr.)			13, 1875	and that I last saw holamalive on	may	2,2	19.4.7
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death		A	DURATION
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	Mario		merset-Md.	chrone	nugre	and the same	2/20
9. Birthplace		ounty, and a		Due to			***************************************
10. Usual occupation	Milli	ner	<i>}</i>				
11. Industry or business	Cloth	ning		Due to	•••••		•======
当 12. Name	John	S. Je	ohnson	Other conditions acute &	eld.	dion	
13. Birthplace		rset (Co., Md.	~7 1L	ens	•	5 duste
a	Rosa			(Include pregnancy with	nin 3 months of	death)	
14. Malden name 15. Birthplace			Co., Md.	Major fiadings uf operations			
≥1 15. Birthplace						Date of op	
16. Informant		• • • • • • • • • • • • • • • • • • • •	ohnson,	Autopsy results	. 111 1 1	.1 .1.1 .1 .1	
Address			ation, Md.	PHYSICIAN: Please underline the cause			statisticany.
17	Buria	Date there	May 27, 1947	22. VIOLENCE: If death was due to extern			
(Burial, cremation, c	r removal, Which?)	2011 7	(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory	50. 1	auls	Cemetery	Where did Injury occur?(City or to	own)	(County)	(State)
Location			rion, Md.	Injured at home, farm, Industry, public plan	ce (where?)		
18. Funeral director	н. на	arvey	Bradshaw	Means of Injury		Injured at work?	
Address	Crist	rield	Md.	0 6 1		,	h. O
-/			· e0.	23. SIGNATURE & E	we	M. D. c	or other
19	19.47	*	ance 6 spice	lovisil	Kms	C Date signed	may 16-47
(Date ree d b) Tegis	/	-	2008.51181	Audi 638		Date signed 2.	



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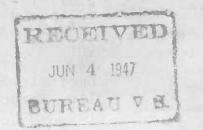
age is shown on	PARTMENT OF HEALTH s St., Baltimore 93d
MM No. 6 1 1 U JUN 26 1947 CERTIFICAT	E OF DEATH Reg. Diat. No. 269
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside City or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Laurae W. Juler	3. (b) Social Security Number
4. Sex 6. (a) Sigle, married, widowed, or divorced	MEDICAL CERTIFICATION
M Widowed	2D. DATE DF DEATH Mile 5 8 19.4 7, 21
6.(b) Name of husband or wife. Ella B. Juler 6.(c) It alive, give age	21. I CERTIFY that death occurred the date above stated; that t attended deceased from
7. Birth date of deceased (mo., day, yr.) dec. 26, 1875	and that I last saw h
8. AGE: Years Months Days 11 less than one day	erelred Hemiley I cle
9. Birthplace (Town, county, and atate) 10. Usual occupation. Undergraduate	Due to by flate 5-41.
11, Industry or business	Due to
12. Name School & Super 12. Name School & Super 13. Birthplace Super 14. 15. 16. 1	Other conditions
14. Maiden name.	Major findings of operations
≥ 15. Birthplace	
16. Informant	Autopsy results
Address Ballenole Wild.	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or semoval, Which?) Date thereot	Accident, suicide, or homicide
Cemetery or crematory	Where did lojury occur?
Location Oralla Marikana	Injured at home, tarm, Industry, public place (where?) Means at Injury Injured at work?
18. Funeral director Wale Washington	Means of Injury Injured at work?
19/10/ 10 1947 from 8 13 mit	23. SIGNATURE M. D. of other
(Date rec'd by registrar) Registrar	Address find a like the signed find find the signed find find find the signed find find find the signed find find the signed f



1. PLACE OF DE County	Rural, Crisfield outside city or town limits, write RURAL and give nearest town) and death?
Hospitai, Institution, or	r street address where death occurred: Jacksonville Rd
	or Institution?
B. (a) FULL NAM	David Lee Veeney
4. Sex	5. Color or race 8.(a) Single, married, widowed, or divorced
Male	Colored Single
6.(b) Name of husband	I or wite

7. Birth date of deceased (mo., day,)	MD April 5, 1947
8. AGE: Years	1 05
	Cristiald-Samerest-Wd
9. Birthplace	(Town, county, and state)
tD. Usual occupation	
tt. Industry or busines ∝I	Robert Miles
₹ 12. Name	Somerset Co., Md.
出 13. Birthplace	Eliza Veeney
본 14. Malden name.	Richmond Co., Va.
S 15 Piribalos	,
	Sadie Rich
16. Informant	
15. Birthplace 16. Informant	Crisfield, Md. Burial May 31, 1947
Address 17(Burial, cremation Cemetery or cremate	Crisfield, Md. Burial Date thereof May 31, 1947 (month) (day) (year) Lawsonia Cemetery
Address 17(Burial, cremation Cemetery or cremate	Crisfield, Md. Burial May 31, 1947 May 11,
Address 17(Burial, cremation Cemetery or cremate	Crisfield, Md. Burial May 31, 1947 norremoval Which? (month) (day) (year) Lawsonia Cemetery Rural, Crisfield, Md.

E OF DEATH	Reg. Diat. No. 2	· · · · · · · · · · · · · · · · · · ·
2. USUAL RESIDENCE (HOME (For newborn infants give residence	C) OF DECEASED:	
state Maryland		
Rural C	risfield	***************************************
(If outside city or town l	imits, write RURAL and give ne	arest town)
Street No. Jacksonv	ille Rd.	
	give LOCATION)	
2.(a) It veteran, name war	1.1	
	3. (b) Social Security	Number
	None	
MEDICAL	CERTIFICATION	
20. DATE OF DEATH May 3	0 1847	2:00
21. I CERTIFY that death occurred on the dat		
Ma en LI =	1947 10 my 5	
7	724	19
and that I last saw h. J	adding will	19
Immediai- cause of death		DURATIO
Immediai- cause of death	Lemetri	DURATION
Immediain cause of death	demititis	DURATIO
Immediai- cause of death	demititis	DURATIO
Immediaic cause of death	demititis	DURATION
Immediaic cause of death	demititis	DURATION
Immediaic cause of death	elemetris	DURATION
Immediaic cause of death	elemetris	DURATION
Immediaic cause of death	elemetris	DURATION TO THE PROPERTY OF TH
Due to	esseluts	DURATIO July 7.2 Ass
Due to	demulies Termore table in 3 months of death)	DURATIO July 72 July
Due to	demulies Termore table in 3 months of death)	DURATIO July 7.2 July
Due to	demulies Termore table in 3 months of death)	
Due to	contact in 8 months of death) Date of op.	
Due to	contact in 8 months of death) Date of op.	
Due to	Lennilles Lennilles	
Due to	in 3 months of death) Date of op	statistically.
Due to	Date of op. Date of op. Date of op. Date of op.	statistically.
Due to	Date of op. Date of op. Date of op. Date of op.	statistically.
Due to	Date of op. County)	statistically.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04354 Reg. Dist. No. 26 2

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intaits give residence of mother) State County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
Starry Walers	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Drale Color or race 6.(a) Single, married, widowed, or divorced Drale Color or race 6.(a) Single, married, widowed, or divorced Drale Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day	and that I last saw h
9. Birthplace	Due to Exiliping for 30 4/2000
10. Usual occupation	Bue to
14. Malden name Chrisis Spine 15. Birthplace	(Include pregnancy within 3 months of death) Major findings af operations
Address Press Och Dela Dela Address	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bate thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Christ Mich.	Where did injury occur?
18. Funeral director Bradshaw Funed Home	Means of injury Injured at work?
19 May 24 1847 Mus Clayton Williams (Date reck) by registrar)	Address Street Deve Super signed 723-47

RECEIVED

MAY 27 1947

BUREAU V &